



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

514 EAST LOCUST, SUITE 104

DES MOINES, IA 50309-1912

fax (515) 281-3701

www.iowa.gov/ethics**LEGISLATIVE**
EXECUTIVE BRANCH RECEPTION REPORT

This form must be filed with the Board within five business days following the date of the reception. This applies only to receptions held during the regular session when every member of the general assembly is invited. See Iowa Code section 68B.22(4)"r" and rule 351-8.10.

The form may be photocopied.

Reset Form

PART A**SPONSOR IDENTIFICATION**

Iowa Association of Nurse Anesthetists - PAC

Sponsor's Name

1150 Forest Street

Mailing Address

Carroll, IA 51401

City/State/ZIP

712-792-5841

Area Code/Phone Number

PART B**RECEPTION INFORMATION**

2/10/04

Embassy Suites On the River, Des Moines

Date

Location of reception

Please provide the total amount expended including in-kind expenditures on food, beverage, and entertainment for the reception.

TOTAL COST of reception (includes in-kind expenditures) \$

Food

\$

Beverage

\$

Entertainment

\$

Signature of Sponsor

Chairman
IACA-PAC

2-17-04

Date Signed



101 EAST LOCUST STREET
DES MOINES, IOWA 50309
PHONE: 515-244-1700
FAX: 515-244-2537

EMBASSY SUITES

HOTEL*

Des Moines on the River

IANA
413 SOUTHDAL DRIVE

H564
02/09/04
02/11/04 10:13AM

CARROLL, IA 51401
US

RATE PLAN
HH#
AL:
BONUS AL:

Room
Arrival Date
Dept. Date
Arrival Time
Room Rate

Rate quoted based on arrival date and length of stay. Should you choose to depart early, rate is subject to change.

Hilton HHonors
Hilton & Miller

05/13/04 PAGE 1

INIT

RATES SUBJECT TO APPLICABLE SALES, OCCUPANCY, OR OTHER TAXES. PLEASE DO NOT LEAVE ANY MONEY OR ITEMS OF VALUE UNATTENDED IN YOUR ROOM. A SAFE DEPOSIT BOX IS AVAILABLE FOR YOU IN THE LOBBY. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES. I HAVE REQUESTED WEEKDAY DELIVERY OF USA TODAY. IF REFUSED, A CREDIT OF \$0.50 WILL BE APPLIED TO MY ACCOUNT IN THE EVENT OF AN EMERGENCY. I, OR SOMEONE IN MY PARTY, REQUIRE SPECIAL EVACUATION ASSISTANCE DUE TO A PHYSICAL DISABILITY. PLEASE INDICATE YES BY CHECKING HERE ☐

GUEST SIGNATURE

X

A SAFE DEPOSIT BOX IS PROVIDED FOR THE DEPOSIT OF VALUABLES. THE HOTEL CANNOT BE RESPONSIBLE FOR VALUABLES NOT LEFT IN THE SAFE DEPOSIT BOX.

DATE	REFERENCE	DESCRIPTION	AMOUNT
02/10/04	1086705	100 VEG CRUDITE/200 MEATBALS	\$1,410.22
02/10/04	1086706	PREMIUM WELLS/BEER/CORDIALS	\$831.44
02/10/04	1086708	SALON D	\$448.91
02/10/04	1086761	EASELS	\$6.41
02/11/04	1087133	DIRECT BILL-IA ASSOC. OF NURSE ANESTHETIST	(\$2,696.98)
** BALANCE **			\$0.00

MAY 13 2004

254030

A

ACCT. NO.
CARD MEMBER NAME
ESTABLISHMENT NO. & LOCATION
CARD MEMBER'S SIGNATURE X

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
-2,696.98	
TOTAL AMOUNT	